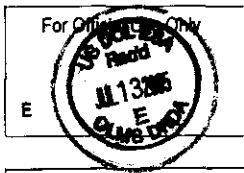


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2980</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Frank</u> <u>J</u> <u>Santafede</u> P.O. Box, Bldg., Room No., if any _____ Street <u>861 Crow Pond Road</u> City <u>Pittsgrove</u> State <u>New Jersey</u> ZIP Code + 4 <u>08318</u>	4. Name, file number, and address of labor organization. Name <u>CWA Local 38010/Newspaper Guild of Gr. Phila</u> Labor Organization File Number <u>032-921</u> P.O. Box, Building and Room Number, if any _____ Street <u>1329 Buttonwood Street</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19123</u>
5. Position in labor organization. <u>Administrative Officer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Tracy Santafede</u>	On <u>7/9/05</u> <u>215-928-0118</u> Date Telephone Number

Name of Person Filing Frank Santafede

File Number U-

2980

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Int'l Foundation of Employee Benefits Plans

Trade Name, if any: IFEBP

P.O. Box, Bldg., Room No., if any PO Box 69

Street 18700 W. Bluemound Rd.

City Brookfield

State Wisconsin ZIP Code + 4 53008

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Newspaper Guild of Gr. Phila. Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 601 Dresher Road

City Horsham

State Pennsylvania ZIP Code + 4 19044

## 11.a. Nature of such dealing.

IFEBP provides educational services to pension funds and to their trustees.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Received registration fee for attendance at 4-day conference in New Orleans from Dec 1 thru Dec 4, 2004.

## 12.b. Amount.

\$915

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Frank Santafede

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Newspaper Guild of Gr. Phila. Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 601 Dresher Rd.

City Horsham

State Pennsylvania ZIP Code + 4 19044

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Administers Newspaper Guild of Greater Philadelphia Pension Plan.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Received reimbursement for travel, lodging, and meals for 4-day educational conference in New Orleans, La. from Dec. 1 thru Dec. 4, 2005.

## 12.b. Amount.

\$1,133

Name of Person Filing Frank Santafede

File Number U-

2980

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ark Asset Management Co. Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 Broad Street

City New York

State New York

ZIP Code + 4 10004

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Newspaper Guild of Gr. Phila. Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 601 Dresher Rd.

City Horsham

State Pennsylvania

ZIP Code + 4 19044

## 11.a. Nature of such dealing.

Manages investments for Newspaper Guild of Greater Philadelphia Pension Fund.

## 11.b. Approximate dollar value of such dealing.

\$213,787

## 12.a. Nature of interest held or income received.

I attended a dinner as a guest of Ark Asset Management Co. Inc. on Dec. 1, 2004 during a Benefits Conference in New Orleans, La.

## 12.b. Amount.

\$159

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name StoneRidge Investment Partners LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 290

Street 7 Great Valley Parkway

City Malvern

State Pennsylvania ZIP Code + 4 19355

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Newspaper Guild of Gr. Phila. Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 601 Dresher Rd.

City Horsham

State Pennsylvania ZIP Code + 4 19044

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Manages investments for Newspaper Guild of Greater Philadelphia Pension Plan

## 11.b. Approximate dollar value of such dealing.

\$286,005

## 12.a. Nature of interest held or income received.

I attended a dinner as a guest of StoneRidge Investment Partners on Dec. 3, 2004 during a Benefits Conference in New Orleans, La.

## 12.b. Amount.

\$72